

To: Tom Cannon

Fm: Randi Paul

Subject: ADAPSO/MAPS mailing

- o Approximately 600 labels received from ADAPSO:
 - 188 were not sent (clients, competitors, financial analysts or field sales crucial prospects)
 - 412 letters and enclosures mailed.
- o Compared INPUT list of top 267 Information Services Vendors (all vendors with annual revenue greater than or equal to \$10 million) to ADAPSO membership list:
 - .. Of the top 267 companies only 76 or 29% are ADAPSO members.
 - Of the 76 found to be ADAPSO members 21 companies or 28% subscribed to ISIP/MAPS in 1983 and/or 1984 and would therefore not be bonafide prospects.
- o Based on past purchasing patterns, companies \$10 million or greater are most likely prospects for \$1,000 plus reports.
- o Of the 412 firms offered this package, only 55 companies (76 less 21 clients mentioned above) have revenue over \$10 million and are prospective buyers.
- o To date, 7 reports at \$1,495 each have been sold -- totalling \$10,465 in new business.
- o That is a return of:
 - 2% on entire mailing of 412 companies.
 - 13% on mailing of 55 qualified prospects with revenue over \$10 million.

Randi





THE
ASSOCIATION
OF DATA
PROCESSING
SERVICE
ORGANIZATIONS

JEROME L. DREYER
PRESIDENT

May 15, 1984

Dear ADAPSO Member:

Under a new arrangement, ADAPSO is promoting selected, externally conducted research studies to our members in return for a discount for the members. The research must be quality and of interest to the membership, and the discounts must be substantial.

We are pleased that under an arrangement with INPUT, ADAPSO members are now able to procure INPUT's detailed five-year market forecast at a special price which is less than one-third of INPUT's standard list price. Bear in mind that the information is substantially different from the ADAPSO/INPUT annual survey which analyzes current year activities.

Packaged as a two-volume set containing over 400 pages, these reports present vertical and cross-industry forecasts derived from INPUT's 1983 research program. For a limited time, ADAPSO members can purchase this information directly from INPUT using the enclosed order form.

As a special bonus, any company ordering the two volumes before June 15, 1984, may also select one of INPUT's current industry studies at no additional charge.

We encourage our members to take advantage of this opportunity.

Sincerely,



AUTHORIZATION FORM

TO: INPUT
1943 Landings Drive
Mountain View, CA 94043

Yes, I'd like to take advantage of INPUT's special offer to ADAPSO members! Please enter my order for the reports checked below.

- ☐ Volume I - Vertical Markets: U.S. Information Service Markets 1983-1988 at fee of \$995.
☐ Volume II - Cross-Industry Markets: U.S. Information Services Markets 1983-1988 at the fee of \$995.
☐ Both Volumes I and II as listed above at the total fee of \$1,495.

I understand that if I order both Volume I and Volume II before June 15, 1984, I may select a free bonus report.

Bonus Report Selection (check only one):

- ☐ Impact of Personal Computers on Processing Services Vendors
☐ Trends in Software Product Pricing
☐ Opportunities for Engineering and Scientific Information Services
☐ Trends in Processing Service Pricing
☐ Opportunities in Sales, Marketing and Distribution Applications
- ☐ Please bill my company in the amount of \$ _____ on purchase order no. _____.
- ☐ Enclosed is my check in the amount of \$ _____.

Your reports will be shipped immediately upon receipt by INPUT of this signed authorization form (which includes confidentiality agreement) and check or purchase order.

CONFIDENTIALITY AGREEMENT

The client agrees to hold as confidential all information provided by INPUT through this study. The information provided shall be used only by the employees of and within the current corporate structure of the client and will not be disclosed to any other organization or person including parent, subsidiary, or affiliated organizations without written consent of INPUT.

The client agrees to control access to the information provided to prevent unauthorized disclosure in violation of this agreement.

INPUT exercises its best efforts in preparation of the information provided under this agreement and believes the information contained therein to be accurate. However, INPUT shall have no liability for any loss or expense which may result from incompleteness or inaccuracy of the information provided.

AUTHORIZED BY:

Client Organization

Signature

Name

Title

Date

ACCEPTED BY INPUT:

Signature

Name

Title

Date



INPUT

MA83
ORDER/INVOICE/FULFILLMENT

Sales @ \$2500

ORIGINATOR (SIGNATURE) <i>Patricia J. ...</i>		PREPARED BY: <i>PS</i>		DATE: <i>2/29/84</i>	
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER	<input type="checkbox"/> FULFILLMENT ONLY	COMMISSION TO: _____ %		SOLD BY: _____ %
	<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> SINGLE INVOICING	_____ %		_____ %
	<input type="checkbox"/> CHANGE	<input type="checkbox"/> MULTI-INVOICING	_____ %		_____ %
	<input type="checkbox"/> CANCEL	<input type="checkbox"/> NO. INVOICES _____	_____ %		_____ %
	<input type="checkbox"/> SPECIAL:	<input type="checkbox"/> PENDING:	_____ %		_____ %
		APPROVED _____			
		INITIAL _____			
		DATE _____			
PRODUCT	<input type="checkbox"/> SUBSCRIPTION	US <input type="checkbox"/> UK <input type="checkbox"/>	PROJ. ID/YEAR	TITLE OR DESCRIPTION	
	<input type="checkbox"/> CUSTOM		<i>MA83E</i>	<i>U.S. Info. Services 83-88</i>	
	<input type="checkbox"/> MULTICLIENT				
	<input checked="" type="checkbox"/> REPORTS				
	<input type="checkbox"/> COPIES				
<input type="checkbox"/> CONSULT/PRESENT.					
<input type="checkbox"/> TAPES/MATERIALS					
<input type="checkbox"/> REIMBURSED COSTS				AMOUNT <i>\$2,450</i>	
CLIENT AUTH.	P.O. # <i>13468</i> INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>				
	ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.				
ORIGINATOR	SHIP TO:*		INVOICE TO: (IF DIFFERENT)		
	NAME <i>Pat. Sadachan</i>		NAME _____		
	TITLE <i>Management Science Specialist</i>		TITLE _____		
	COMPANY <i>Ameritrust Bank</i>		COMPANY _____		
	ADDRESS <i>900 Euclid Ave. T18 Cleveland, OH 44101</i>		ADDRESS _____		
INVOICE	PHONE <i>(216) 687-2779</i>		PHONE () _____		
	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. * <input type="checkbox"/> Check here for address change to mail list.				
	INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)				
O.I.F. ONLY	SPECIAL INSTRUCTIONS FOR HANDLING: <i>clients</i>				
	STAGGERED OR DELAYED PAYMENTS, ETC.				
	<i>MUST DELIVER - ARRIVE BY 3/1/84:</i>				
	<i>noted in shipment.</i>				
ORIGINATOR/SHIPPING FULFILLMENT	IF CO	ORDER #:	INV. #:	MULTI-INVOICING OF _____	
	ITEM	ITEM DESCRIPTION OR TITLE		NO.	BY DATE
FULFILLMENT TO BE COMPLETED IN: <input checked="" type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER _____					

• WHITE - CONTRACT • GREEN - FULFILLMENT • YELLOW - INVOICE • PINK - ORIGINATOR

• GOLDENROD - REGIONAL SALES MANAGER

R 1/81



ORDER/INVOICE/FULFILLMENT

ORIGINATOR		ORIGINATOR (SIGNATURE) <u>Deborah F. McDermott</u>		PREPARED BY: <u>S. SPROVIER</u>		DATE: <u>3-20-84</u>	
		ACTIVITY: <input checked="" type="checkbox"/> NEW ORDER <input type="checkbox"/> CONTINUATION <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SPECIAL:		COMMISSION TO: _____ % _____ % _____ % _____ %		SOLD BY: _____ % _____ % _____ % _____ %	
PRODUCT		FULFILLMENT ONLY <input checked="" type="checkbox"/> SINGLE INVOICING <input type="checkbox"/> MULTI-INVOICING: NO. INVOICES _____ <input type="checkbox"/> PENDING:		TITLE OR DESCRIPTION		APPROVED	
		SUBSCRIPTION <input type="checkbox"/> CUSTOM <input type="checkbox"/> MULTICLIENT <input type="checkbox"/> REPORTS <input type="checkbox"/> COPIES <input type="checkbox"/> CONSULT./PRESENT. <input type="checkbox"/> TAPES/MATERIALS <input type="checkbox"/> REIMBURSED COSTS				INITIAL	
CLIENT AUTH.		P.O. # _____		INPUT CONTRACT <input type="checkbox"/> LETTER <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/>		DATE	
		ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.					
INVOICE		SHIP TO: NAME <u>DEBORAH F. McDERMOTT</u>		INVOICE TO: (IF DIFFERENT) NAME _____		AMOUNT	
		TITLE <u>Corporate Strategic Planning</u>		TITLE _____			
O.I.F. ONLY		COMPANY <u>Automatic Data Processing</u>		COMPANY _____		Total <u>\$5000.</u>	
		ADDRESS <u>ONE ADP Boulevard</u> <u>Mail Stop # 410</u> <u>ROSELAND, N.J. 07068</u>		ADDRESS _____			
FULFILLMENT		PHONE <u>(201) 994-5230</u>		PHONE () _____		SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC.	
		<input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. <input type="checkbox"/> Check here for address change to mail list.		INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)			
ORIGINATOR/SHIPPING		<input checked="" type="checkbox"/> STANDARD					
O.I.F. ONLY		INV. COMP. _____		BY: _____		DATE: _____	
		CLIENT # _____		ORDER # _____		INV. # _____	
FULFILLMENT		MULTI-INVOICING _____ OF _____					
		ITEM DESCRIPTION OR TITLE		NO.		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION OR TITLE		NO.	
		BY		DATE		BY	
ORIGINATOR/SHIPPING		DATE		ITEM DESCRIPTION			



ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>[Signature]</u>		PREPARED BY: <u>P. Sammons</u>		DATE: <u>3/15/84</u>				
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER	<input type="checkbox"/> FULFILLMENT ONLY	COMMISSION TO:		SOLD BY:	APPROVED <u>[Signature]</u> INITIAL		
	<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> SINGLE INVOICING	PS <u>100</u> %		PS <u>100</u> %			
<input type="checkbox"/> CHANGE	<input type="checkbox"/> MULTI-INVOICING							
<input type="checkbox"/> CANCEL	<input type="checkbox"/> NO. INVOICES							
<input type="checkbox"/> SPECIAL:	<input type="checkbox"/> PENDING:							
PRODUCT	<input type="checkbox"/> SUBSCRIPTION	US <input checked="" type="checkbox"/> UK	PROJ. ID/YEAR	TITLE OR DESCRIPTION		DATE		
	<input type="checkbox"/> CUSTOM					AMOUNT		
<input checked="" type="checkbox"/> MULTICLIENT				U.S. Info. Services Markets, 83-88		\$4900		
<input checked="" type="checkbox"/> REPORTS			U.S. MA83					
<input type="checkbox"/> COPIES								
<input type="checkbox"/> CONSULT./PRESENT.								
<input type="checkbox"/> TAPES/MATERIALS								
<input type="checkbox"/> REIMBURSED COSTS								
CLIENT AUTH.	P.O. # <u>99122971</u>		INPUT CONTRACT <input type="checkbox"/>		LETTER <input type="checkbox"/>	VERBAL <input checked="" type="checkbox"/>		
	ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.							
ORIGINATOR	SHIP TO:*		INVOICE TO: (IF DIFFERENT)					
	NAME <u>Mr. Satoru Hayasaki</u>		NAME <u>Denise Smith</u>					
INVOICE	TITLE <u>Manager of Systems</u>		TITLE <u>Purchasing Dept.</u>					
	COMPANY <u>FUJIT SU AMERICA</u>		COMPANY <u>FUJIT SU AMERICA</u>					
	ADDRESS <u>2985 Kifer Rd.</u>		ADDRESS <u>3055 Orchard Dr.</u>					
	<u>Santa Clara, CA 95051</u>		<u>San Jose, CA 95134</u>					
	PHONE <u>(408) 946-8777</u>		PHONE <u>(408) 946-8777 x311</u>					
	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy.		* <input type="checkbox"/> Check here for address change to mail list.					
INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)								
SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC.								
<u>PROMISED THE REPORT WOULD BE IN THE MAIL FRIDAY, MARCH 16, 1984.</u>								
O.I.F. ONLY	INV. COMP.	BY:	DATE:	CLIENT #:	ORDER #:	INV. #:	MULTI-INVOICING	
						<u>11198</u>	OF	
ORIGINATOR/SHIPPING	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE
FULFILLMENT								
FULFILLMENT TO BE COMPLETED IN: <input checked="" type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER								



INPUT

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>R. Paul</u>		PREPARED BY: <u>R. Paul</u>		DATE: <u>5/7/84</u>													
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER	<input type="checkbox"/> FULFILLMENT ONLY	COMMISSION TO: <u>Rmp 100%</u>		SOLD BY: <u>Rmp 100%</u>		APPROVED <u>[Signature]</u> INITIAL										
	<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> SINGLE INVOICING															
	<input type="checkbox"/> CHANGE	<input type="checkbox"/> MULTI-INVOICING:															
	<input type="checkbox"/> CANCEL	<input type="checkbox"/> NO. INVOICES															
	<input type="checkbox"/> SPECIAL:	<input type="checkbox"/> PENDING:															
PRODUCT <input type="checkbox"/> SUBSCRIPTION <input type="checkbox"/> CUSTOM <input type="checkbox"/> MULTICLIENT <input type="checkbox"/> REPORTS <input type="checkbox"/> COPIES <input type="checkbox"/> CONSULT/PRESENT. <input type="checkbox"/> TAPES/MATERIALS <input type="checkbox"/> REIMBURSED COSTS		US <input checked="" type="checkbox"/> PROJ. ID/YEAR <u>US M883/V</u>		TITLE OR DESCRIPTION <u>US Info Serv Industry</u> <u>Vol II - Industry Specific</u> <u>+ Fed Charges</u>		DATE AMOUNT <u>\$2450</u>											
CLIENT AUTH. P.O. # <u>42471</u>		INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>		ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY. <u>Tolson 5/7/84</u>													
ORIGINATOR SHIP TO: NAME <u>John McAllister</u> TITLE <u>VP</u> COMPANY <u>National Computer Systems</u> ADDRESS <u>5237 Wynterhall Way</u> <u>Dunwoody, GA 30338</u> PHONE <u>404 391-1722</u>		INVOICE TO: (IF DIFFERENT) NAME <u>John McAllister</u> TITLE COMPANY <u>National Computer Systems</u> ADDRESS <u>1300 NCS Center Dr</u> <u>Dunwoody, GA 30338</u> PHONE <u>404 391-1722</u>		* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy.		* <input type="checkbox"/> Check here for address change to mail list.											
INVOICE INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)		SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC. <u>Send Fed today.</u>															
O.I.F. ONLY INV. COMP.		BY:		DATE:		CLIENT #:		ORDER #:		INV. #:		MULTI-INVOICING OF					
ORIGINATOR/SHIPPING FULFILLMENT		ITEM DESCRIPTION OR TITLE		NO.		BY		DATE		ITEM DESCRIPTION OR TITLE		NO.		BY		DATE	
FULFILLMENT TO BE COMPLETED IN:		<input type="checkbox"/> PALO ALTO		<input type="checkbox"/> LONDON		<input type="checkbox"/> OTHER											



INPUT

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>PC</u>		PREPARED BY: <u>P. Sammons</u>		DATE: <u>4/6/84</u>	
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER	<input checked="" type="checkbox"/> FULFILLMENT ONLY	COMMISSION TO:		SOLD BY:
	<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> SINGLE INVOICING	PS 100%		PS 100%
PRODUCT	<input type="checkbox"/> CHANGE	<input type="checkbox"/> MULTI-INVOICING:			
	<input type="checkbox"/> CANCEL	<input type="checkbox"/> NO. INVOICES			
	<input type="checkbox"/> SPECIAL:	<input type="checkbox"/> PENDING:			
	<input type="checkbox"/> SUBSCRIPTION	US <input checked="" type="checkbox"/> UK PROJ. ID/YEAR	TITLE OR DESCRIPTION		AMOUNT
	<input checked="" type="checkbox"/> CUSTOM MULTICLIENT	US MA831	US INFO SERVICES MKETS 83-88		\$2450
CLIENT AUTH	<input type="checkbox"/> REPORTS				
	<input type="checkbox"/> COPIES				
	<input type="checkbox"/> CONSULT/PRESENT.				
	<input type="checkbox"/> TAPES/MATERIALS				
	<input type="checkbox"/> REIMBURSED COSTS				
ORIGINATOR	P.O. # 27490 INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>				
	ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.				
	SHIP TO:*		INVOICE TO: (IF DIFFERENT)		
	NAME Melinda Scott		NAME		
	TITLE Director S.R.S.		TITLE		
	COMPANY 560 Lexington Avenue		COMPANY		
	ADDRESS 20th Floor		ADDRESS		
	NY, NY 10154				
	PEAT, MARWICK, MITCHELL, & CO.				
	PHONE (212) 872-6548		PHONE ()		
INVOICE	<input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. <input type="checkbox"/> Check here for address change to mail list.				
	INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)				
O.I.F. ONLY	SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC.				
	FEDERAL EXPRESS TO ARRIVE MONDAY 4/9/84: #0100-5759-0.				
ORIGINATOR/SHIPPING	INV. COMP.	BY:	DATE:	CLIENT #:	ORDER #: 3109
					INV. #: 11275
					MULTI-INVOICING OF
	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE
	MA83	1			
	WII				
FULFILLMENT TO BE COMPLETED IN: <input checked="" type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER					

• WHITE - CONTRACT • GREEN - FULFILLMENT • YELLOW - INVOICE • PINK - ORIGINATOR
• GOLDENROD - REGIONAL SALES MANAGER



INPUT

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>[Signature]</u>		PREPARED BY: <u>P. Sammons</u>		DATE: <u>5/2/84</u>					
ACTIVITY	<input checked="" type="checkbox"/>	NEW ORDER	<input checked="" type="checkbox"/>	FULFILLMENT ONLY					
	<input type="checkbox"/>	CONTINUATION	<input type="checkbox"/>	SINGLE INVOICING	COMMISSION TO: PS <u>100</u> %				
<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	MULTI-INVOICING:	PS <u>100</u> %	SOLD BY: PS <u>100</u> %				
<input type="checkbox"/>	CANCEL	<input type="checkbox"/>	NO. INVOICES	_____ %	_____ %				
<input type="checkbox"/>	SPECIAL:	<input type="checkbox"/>	PENDING:	_____ %	_____ %				
APPROVED _____									
INITIAL _____									
DATE _____									
PRODUCT	<input type="checkbox"/>	SUBSCRIPTION	<input checked="" type="checkbox"/>	PROJ. ID./YEAR	TITLE OR DESCRIPTION				
	<input type="checkbox"/>	CUSTOM	<input type="checkbox"/>						
	<input type="checkbox"/>	MULTICLIENT	<input type="checkbox"/>						
	<input checked="" type="checkbox"/>	REPORTS	<input type="checkbox"/>	US MA83I	US INFO MKETS 83-88, Vol. I				
	<input type="checkbox"/>	COPIES	<input type="checkbox"/>						
	<input type="checkbox"/>	CONSULT./PRESENT.	<input type="checkbox"/>						
<input type="checkbox"/>	TAPES/MATERIALS	<input type="checkbox"/>			AMOUNT				
<input type="checkbox"/>	REIMBURSED COSTS	<input type="checkbox"/>			\$2450				
CLIENT AUTH.	P.O. # <u>84-05-02</u> INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>								
	ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.								
ORIGINATOR INVOICE	SHIP TO: * NAME <u>Roger Renaud</u> TITLE <u>Partner</u> COMPANY <u>Price Waterhouse</u> ADDRESS <u>2401 Toronto Dominion Tower</u> <u>Edmonton Center</u> <u>Edmonton, Alberta T5J 2Z1</u> PHONE (403) 423-5234			INVOICE TO: (IF DIFFERENT) NAME _____ TITLE _____ COMPANY _____ ADDRESS _____ PHONE () _____					
	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy.								
	* <input type="checkbox"/> Check here for address change to mail list.								
	INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)								
SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC.									
FEDERAL EXPRESS today; #1042-0532-1.									
O.I.F. ONLY	INV. COMP.	BY: _____	DATE: _____	CLIENT #:	ORDER #:				
		INV. #:	MULTI-INVOICING		OF _____				
ORIGINATOR/SHIPPING FULFILLMENT	ITEM DESCRIPTION OR TITLE		NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE
	<u>Vol I MA83</u>		<u>1</u>						
FULFILLMENT TO BE COMPLETED IN: <input checked="" type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER _____									

• WHITE - CONTRACT • GREEN - FULFILLMENT • YELLOW - INVOICE • PINK - ORIGINATOR
• GOLDENROD - REGIONAL SALES MANAGER



ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>P. J. Sammons</u>		PREPARED BY: <u>P. Sammons</u>		DATE: <u>4/3/84</u>				
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER <input type="checkbox"/> CONTINUATION <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SPECIAL:	<input checked="" type="checkbox"/> FULFILLMENT ONLY <input type="checkbox"/> SINGLE INVOICING <input type="checkbox"/> MULTI-INVOICING: NO. INVOICES _____ <input type="checkbox"/> PENDING:	COMMISSION TO: PS <u>100</u> %	SOLD BY: PS <u>100</u> %	APPROVED _____ INITIAL _____ DATE _____ AMOUNT			
PRODUCT	<input type="checkbox"/> SUBSCRIPTION <input type="checkbox"/> CUSTOM <input type="checkbox"/> MULTICLIENT <input checked="" type="checkbox"/> REPORTS <input type="checkbox"/> COPIES <input type="checkbox"/> CONSULT/PRESENT. <input type="checkbox"/> TAPES/MATERIALS <input type="checkbox"/> REIMBURSED COSTS	US <input type="checkbox"/> UK <input type="checkbox"/> PROJ. ID/YEAR US <u>MA831</u>	TITLE OR DESCRIPTION <u>U.S. Info. Services Mkts 83-88,</u> <u>Vol I, Industry-Specific Markers</u>		\$2450			
CLIENT AUTH.	P.O. # <u>Organization Code for Wm. Capps: D-3-30-8405</u> INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>							
	ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.							
INVOICE	SHIP TO: * NAME <u>Mark Grossman</u> TITLE _____ COMPANY _____ ADDRESS <u>5334 Overing Dr.</u> <u>Woodland Hills, CA 91367</u> PHONE () _____		INVOICE TO: (IF DIFFERENT) NAME <u>William Capps</u> TITLE <u>First Vice President</u> COMPANY <u>Security Pacific National Bank</u> ADDRESS <u>333 South Hope St., H43-18</u> <u>Los Angeles, CA 90051</u> PHONE <u>(213) 888-7600</u>					
	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. * <input type="checkbox"/> Check here for address change to mail list.							
INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)								
SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC. <u>Security Pacific's Federal Express #: 9042066.</u>								
FEDERAL EXPRESS <u>4/3/84.</u>								
O.I.F. ONLY	INV. COMP.	BY:	DATE:	CLIENT #:	ORDER #:	INV. #:	MULTI-INVOICING	
								OF _____
ORIGINATOR/SHIPPING FULFILLMENT	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE
	<u>MA83</u>	<u>1</u>	<u>MC</u>	<u>4-3-84</u>				
FULFILLMENT TO BE COMPLETED IN: <input checked="" type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER _____								



INPUT

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) <u>Stephen M. Spriano</u>		PREPARED BY: <u>S. Spriano</u>		DATE: <u>3-16-84</u>						
ACTIVITY	<input checked="" type="checkbox"/>	NEW ORDER	<input type="checkbox"/>	FULFILLMENT ONLY	COMMISSION TO: <u>HCT 100%</u>					
	<input type="checkbox"/>	CONTINUATION	<input checked="" type="checkbox"/>	SINGLE INVOICING	SOLD BY: <u>HCT 100%</u>					
	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	MULTI-INVOICING:						
	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>	NO. INVOICES						
	<input type="checkbox"/>	SPECIAL:	<input type="checkbox"/>	PENDING:						
					APPROVED <u>ASP</u> INITIAL <u>3/16/84</u> DATE					
PRODUCT	<input type="checkbox"/>	SUBSCRIPTION	US <input checked="" type="checkbox"/>	PROJ. ID/YEAR	TITLE OR DESCRIPTION					
	<input type="checkbox"/>	CUSTOM			<u>U.S. Information Services</u>					
	<input type="checkbox"/>	MULTICLIENT			<u>Markets 1983-88</u>					
	<input type="checkbox"/>	REPORTS			<u>VOLUME II CROSS-INDUSTRY</u>					
	<input type="checkbox"/>	COPIES								
<input type="checkbox"/>	CONSULT/PRESENT.									
<input type="checkbox"/>	TAPES/MATERIALS									
<input type="checkbox"/>	REIMBURSED COSTS									
CLIENT AUTH.		P.O. # _____ INPUT CONTRACT <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/>								
ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.										
ORIGINATOR	SHIP TO: * NAME _____ TITLE _____ COMPANY _____ ADDRESS _____ PHONE () _____				INVOICE TO: (IF DIFFERENT) NAME <u>Idm McArdle Mail Stop CANV</u> TITLE <u>Director of Industry Forecast</u> COMPANY <u>Sperry Corp</u> ADDRESS <u>Free Township, Pa. Jolly Rd</u> <u>P.O. Box 500</u> <u>Blue Bell, PA 19424</u> PHONE <u>(215) 542-3287</u>					
	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. * <input type="checkbox"/> Check here for address change to mail list.									
	INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING) <u>(*) Research Subscription - U.S. Information Services</u> <u>MARKETS 1983-88 - CROSS-INDUSTRY</u>									
	SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC. <u>(*) Report has been shipped from Saddle Brook -</u> <u>NO fulfillment from Mountain View needed</u>									
O.I.F. ONLY	INV. COMP.	BY: _____	DATE: _____	CLIENT #:	ORDER #:	INV. #:	MULTI-INVOICING OF _____			
ORIGINATOR/SHIPPING	FULFILLMENT	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	
		<u>U.S. MA83VII</u>								
FULFILLMENT TO BE COMPLETED IN: <input type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER _____										



Informatics

Sales
MA83
via
ADAP50

User Technology

DTSS

Maritime Computer

Endata

The System Center Inc.

ARMS, Inc.

Chi Computer

V-Mark

National Intergroup

User



10.35.5
Label: ADAPSO
Promotion MA83
(1984)

Randi
please handle
Tom C

June 20, 1984

TO: Peter, Ed
FROM: Tom Cannon
SUBJECT: Market Analysis

I asked Randi Paul to do an analysis of the recent mailing (MA83, V. I & II: \$995 for one, two for \$1,495) to ADAPSO members. I have attached a copy of her memo to me for your information.

The analysis indicates that though less than 10 ADAPSO members became clients for the reports, the mailing achieved real penetration and much better results than an initial glance indicates.

We are still following up on the phone. I'm trying to track all of our marketing activities in this same fashion so that we measure what we do and curve our plans in the future as a result.

TMC:jdw
Attachment

cc: Jim Grugan

Tom -
This is a good analysis

- Question - How many of the 7 sales were to companies with \$10M+ in revenues?
- The reason for the low price was to make it possible for the smaller \$ < 10M companies to buy for a change
- Why did we not mail to financial analysts? They always plead poverty at the mention of high prices. Maybe they would pay the low price

Ed
6/22/84

2. 24. 1944
1944. 1. 1. 1944
1944. 1. 1. 1944
(1944)

To: Tom Cannon

Fm: Randi Paul

Subject: ADAPSO/MAPS mailing

- o Approximately 600 labels received from ADAPSO:
 - 188 were not sent (clients, competitors, financial analysts or field sales crucial prospects)
 - 412 letters and enclosures mailed.
- o Compared INPUT list of top 267 Information Services Vendors (all vendors with annual revenue greater than or equal to \$10 million) to ADAPSO membership list:
 - Of the top 267 companies only 76 or 29% are ADAPSO members.
 - Of the 76 found to be ADAPSO members 21 companies or 28% subscribed to ISIP/MAPS in 1983 and/or 1984 and would therefore not be bonafide prospects.
- o Based on past purchasing patterns, companies \$10 million or greater are most likely prospects for \$1,000 plus reports.
- o Of the 412 firms offered this package, only 55 companies (76 less 21 clients mentioned above) have revenue over \$10 million and are prospective buyers.
- o To date, 7 reports at \$1,495 each have been sold -- totalling \$10,465 in new business.
- o That is a return of:
 - 2% on entire mailing of 412 companies.
 - 13% on mailing of 55 qualified prospects with revenue over \$10 million.

Randi

did all 7 sales
have \$10M+ ~~plus~~
revenues?

